## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

12/30/2009

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mainted to the current correspondence address as includent during corrected below or directed otherwise in Block 1, by 0, specifying a new correspondence address; andire (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE	ADDRESS (Note: Use Block 1 for any change of address)

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Certificate of Mailing or Transmission

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I hereby certify that this Fee(s) Transmittal is being deposited via EFS-web

on the date indicated below.

8TH FLOOR SAN FRANCISCO, CA 94111

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(Depositude more) (Signature) Dane March 2010

APPLICATION NO FIT ING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/551 405 09/29/2005 015280-481100US Jay A Berzofsky TITLE OF INVENTION: ENHANCED CIT. EPITOPE-CONTAINING HIV-I REVERSE TRANSCRIPTASE POLYPEPTIDES.

APPLN. TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/30/2010
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
PARKIN,	JEFFREY S	1648	424-188100	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.353).  Change of correspondence address for Change of Correspondence Address from PTO/SB/122) attack.  The Address and The Address and The Address from PTO/SB/12; attack.  The Address and The Address and The Address Indication form PTO/SB/17; Rev (35-92 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent frost page, list (1) the names on up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	AND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	ie)		
PLEASE NOTE: Ur recordation as set for	iless an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee oletion of this form is NO	data will appear on the part of the part o	atent. If an assignce is ic assignment.	lentified below, the docu	ment has been filed fo
(A) NAME OF ASS	IGNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	RY)	
	of the United States of Ame of the Department of Health		Rockville, MD			
Please check the approp	riate assignee category or	categories (will not be p	rinted on the patent):	Individual D Comorati	on or other private eroup	entity 🗹 Governmen

4a. The following fee(s) are submitted: ☑ Issue Fee

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.

Publication Fee (No small entity discount permitted) Advance Order - # of Copies

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☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_20-1430\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature .

Date 30 March 2010

Brian W. Poor Typed or printed name

Registration No. 32,928

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